

Youth Risk

Unless otherwise noted, all data specifically refers to youth ages 10-24. All bi-county data was compiled and analyzed by Benton-Franklin Health District.

Violence

488

surveyed students were involved with a gang within the past 12 months

1 IN 4

have been in a physical fight

23%

report ever being physically HURT on purpose by an ADULT ages 13-18

1 IN 10

have been physically HURT on purpose by a PARTNER ages 13-18 who dated within the past 12 months

24%

report being BULLIED in the past 30 days

30%

have seen someone PRESSURED into sexual contact ages 13-18

Behavioral Health

114

opioid-related hospitalizations from 2011-2015

23%

used alcohol or marijuana ages 13-18 in past 30 days

23%

used E-cigarette devices 12th grade in past 30 days

38%

do not have a positive family support system*

*based on score derived from three elements: can ask parents for help with problems, involvement in family decisions, and parents provide fun things to do with them.

Deaths

7

youth died by SUICIDE since start of 2018

55

youth died by SUICIDE from 2008-2017

23

youth died by HOMICIDE from 2008-2017

Top 3 causes of death for local youth:

- Fatal Injuries
- Suicide
- Homicide

ages 11-24 between 2013-2017

Benton-Franklin Health District

Local Youth Risk Disparities

Health Disparities are differences in health status between groups of people related to social determinants of health such as race, gender, income, or geographic region. In reviewing data for youth risk factors, it was apparent that some demographic groups are more likely to experience some risk factors more than others.

This fact sheet cannot answer WHY there are disparities between demographic groups, only that these disparities do exist locally. Furthermore, this data does not mean that anyone in these demographic groups are certain to experience these outcomes and risk factors. For more information about local health disparities, please visit the Benton-Franklin Health District website.

LGBTQ+ Disparities

51%

have been **physically HURT** by an **ADULT**
ages 13-18
Straight students: 29%

37%

have been **FORCED** into **sexual contact**
ages 13-18
Straight students: 15%

2X more likely

to have been **BULLIED**
in the past 30 days

40%

have used **ALCOHOL** or **MARIJUANA**
in the past 30 days
Straight students: 23%

56%

do not have a **positive FAMILY support system***
Straight students: 38%

3X more likely

to be physically **HURT** on purpose by a **PARTNER**
ages 13-18

*based on score derived from three elements: can ask parents for help with problems, involvement in family decisions, and parents provide fun things to do with them.

Sex & Gender Disparities



MALES are **6X** more likely to die by **suicide**
ages 13-24



students who identify as **FEMALE** are more likely to be **BULLIED**



students who identify as **FEMALE** have been **FORCED** into sexual contact
ages 13-18 | Males: 12%

Ethnic Disparities



Hispanic youth used **ALCOHOL** in the past 30 days; Ages 13-18
White students: 14% | Students of Color: 10%

65%

of youth homicide deaths were **HISPANIC** youth
2008-2017

52% of youth reporting **GANG** involvement were **HISPANIC** youth

in the past 12 months; Ages 13-18
White students: 28% | Students of Color: 20%

1. Washington State Healthy Youth Survey. 2018. Raw data analyzed by Benton-Franklin Health District for bi-county results in July 2019.

2. WA State Department of Health Community Health Assessment Tool (CHAT).

3. Washington Department of Health; Center for Health Statistics. 2017.

4. WA Death Data from the Comprehensive Hospitalization Abstract Reporting System (CHARS) 2017. Washington State Department of Health.